

STATE OF COLORADO
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052020032534

DECEDENT'S LEGAL NAME
DONALD SEC SEMINGSENDATE OF DEATH
SEPTEMBER 22, 2020

SEX MALE	SOCIAL SECURITY NUMBER 503-48-3540	AGE-Last Birthday (Years) 75	UNDER 1 YEAR Months: Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Mo/Day/Yr) JULY 06, 1945	BIRTHPLACE (State or Foreign Country) WASHINGTON
IF DEATH OCCURRED IN HOSPITAL INPATIENT		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL				
Facility Name (If not institution, give street & number) MEDICAL CENTER OF AURORA			CITY, TOWN OR LOCATION OF DEATH AURORA		COUNTY OF DEATH ARAPAHOE	
RESIDENCE-STREET AND NUMBER 18795 E LINVALE PLACE					APT. NO. 80013	ZIP CODE YES
RESIDENCE STATE COLORADO		COUNTY ARAPAHOE		CITY OR TOWN AURORA		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) COMMERCIAL SUPERINTENDENT				KIND OF BUSINESS/INDUSTRY CONSTRUCTION	DECEDENT'S EDUCATION SOME COLLEGE CREDIT, BUT NO DEGREE	
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White		
EVER IN US ARMED FORCES YES	MARITAL STATUS AT TIME OF DEATH MARRIED	SPOUSE/PARTNER NAME (If wife, give name prior to first marriage) JANICE LYNN KOVACH				
FATHER'S NAME EARL SEMINGSEN				MOTHER'S NAME PRIOR TO FIRST MARRIAGE FLORA ELDORA BEST		
INFORMANT'S NAME JANICE SEMINGSEN				INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE		
NAME OF FUNERAL HOME HORAN & MCCONNATY FUNERAL SERVICE & CREMATION - DAR				CITY AND STATE OF FUNERAL HOME AURORA COLORADO	WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION HORAN & MCCONNATY CREMATORIUM			LOCATION - CITY, COUNTY, STATE DENVER DENVER COLORADO	
INJURY AT WORK NO	IF TRANSPORTATION RELATED, SPECIFY			DATE OF INJURY SEPTEMBER 20, 2020	TIME OF INJURY UNKNOWN	
PLACE OF INJURY HOME-DECEDENT'S RESIDENCE						
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode) 18795 E LINVALE PLACE AURORA ARAPAHOE COLORADO 80013						
DESCRIBE HOW INJURY OCCURRED ASPIRATION OF FOOD EXACERBATING CHRONIC NATURAL DISEASE						
WAS DECEDENT UNDER HOSPICE CARE	ACTUAL OR PRESUMED TIME OF DEATH 14:39 MIL	DATE PRONOUNCED DEAD (MO/DAY/YR) SEPTEMBER 22, 2020	TIME PRONOUNCED DEAD 14:39 MIL			
MANNER OF DEATH ACCIDENT	WAS AN AUTOPSY PERFORMED NO	WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?				

CAUSE OF DEATH

PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Enter the chain of events, diseases, injuries, or complications that directly caused the death.	Approximate interval: Onset to death 2 DAYS
	a ACUTE ASPIRATION PNEUMONIA COMPLICATING CHRONIC RESPIRATORY FAILURE	
	b ASPIRATION OF FOOD MATERIAL	2 DAYS
	c	
	d	

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)

PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I CONGESTIVE HEART FAILURE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE WITH ANASARCA AND CHRONIC PLEURAL EFFUSION; CHRONIC OBSTRUCTIVE PULMONARY DISEASE; DIABETES MELLITUS; PATHOLOGIC SPINAL FRACTURES	
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN	DATE SIGNED
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER LISA VANTINE CORONER ASST. 13101 E BRONCOS PARKWAY ENGLEWOOD CO 80112 ARAPAHOE	DATE SIGNED SEPTEMBER 24, 2020
DATE FILED BY REGISTRAR SEPTEMBER 25, 2020	

DATE ISSUED SEPTEMBER 25, 2020

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. ALEX QUINTANA
STATE REGISTRAR

REV 01/19



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

